Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

GENEVA MEDICAL MANAGEMENT INC
PO BOX 121589
ARLINGTON TX 76012

Respondent Name
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number
M4-12-3167-01

MFDR Date Received
JUNE 21, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have met the burden of proof that the Carrier has received the claim with a copy of the facsimile transmission report to the Carrier. Enclosed is a facsimile transmittal that should the Carrier received the bill in a timely manner. We seek full reimbursement for the outstanding balance if $750.00…"

Amount in Dispute: $750.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor was asked, the designated doctor, to determine whether the claimant's disability was the direct result of the compensable injury. The requestor examined the claimant on 7/7/11 then billed Texas Mutual code 99546-W6-RE. (Attachments) Because W6 is used to determine extent of injury Texas Mutual declined to issue payment. The date of Texas Mutual's explanation of benefits (EOB) form is 8/15/11. The requestor submitted another bill on 1/20/12 with code 99456-W7-RE. This bill was received at Texas Mutual the same date. However, when the requestor changed the coding and the billed amount on the bill, it became a new bill, which was untimely."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy. 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 7, 2011	CPT Codes 99456-W6-RE and 99456-W7-RE	$750.00	$250.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. 28 Texas Administrative Code §134.204 sets out the guidelines for Workers' Compensation specific programs.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
   - 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly. Services are not reimbursable as billed.
   - 29 – The time limit for filing has expired.
   - 731 – Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the Designated Doctor Exam include a request to determine the extent of the employee's compensable injury?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Review of the documentation submitted by the requestor finds that a copy of a fax confirmation sheet showing the corrected bill was submitted and received by Texas Mutual on August 22, 2011. Therefore the requestor has submitted proof of timely filing and has established reimbursement is due for CPT Code 99456-W7-RE as follows:
   - In accordance with 28 Texas Administrative Code §134.204(k) "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be $500 in accordance with subsection (i) of this section and shall include Division-required reports. The requestor is seeking $250.00; as a result, reimbursement is recommended in the amount of $250.00.
2. Review of the Commissioner Ordered request for Designated Doctor Examination dated June 16, 2011 finds that the purpose of the examination is to "Determine whether the employee's disability is a direct result of the work related injury." One of the codes billed by the requestor was 99456-W6-RE. According to 28 Texas Administrative Code §134.204(n)(21), this code is used when a RTW or EMC examination is performed when determining the extent of the employee's injury. According to the documentation found in the request for a designated doctor exam this exam was not requested; therefore, reimbursement in the amount of $0.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due for CPT Code 99456-W7-RE. As a result, the amount ordered is $250.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $250.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		October 10,2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.